

## PERMANENCY PLAN

Date - Form Filled Out (mm/dd/yyyy)		Name - Agency	
Name - Child (Last, First, Middle)		Birthdate - Child (mm/dd/yyyy)	
Name - Mother (Last, First, Middle)	Telephone No. - Mother (Home)	Telephone No. - Mother (Work)	
Address - Mother (Street, City, State, Zip Code)			
Name - Father (Last, First, Middle)	Telephone No. - Father (Home)	Telephone No. - Father (Work)	
Address - Father (Street, City, State, Zip Code)			
Father is: <input type="checkbox"/> Adjudicated <input type="checkbox"/> Alleged <input type="checkbox"/> Presumptive			
Name - Guardian / Legal Custodian (Last, First, Middle)	Telephone Number - (Home)	Telephone Number - (Work)	
Address - Guardian / Legal Custodian (Street, City, State, Zip Code)			

☐ Yes ☐ No Are there any Indian Child Welfare Act considerations with this child? If "**Yes**," explain.

Name - Social Worker		Name - Supervisor
Court File Number	Branch Number	Name - Judge
Agency Case Number		Next Permanency Plan Review / Hearing Due Date (mm/dd/yyyy)
Name - Guardian Ad Litem		Name - District Attorney / Corporation Counsel
Name - Court Appointed Special Advocate		Name - Public Defender
Name - Attorney for Parent(s)		Name - Other

Permanency Plan is: ☐ Original ☐ Subsequent

1. a. Date of removal: \_\_\_\_\_  
(mm/dd/yyyy)
- b. Date of latest Permanency Plan Review: \_\_\_\_\_. ☐ Yes ☐ No Permanency Plan Review Report is attached.  
(mm/dd/yyyy)
- c. ☐ Yes ☐ No Did the panel concur with the Permanency Plan? If "**No**," answer the following question.  
☐ Yes ☐ No Was a revision to the court order requested? If "**Yes**," describe the outcome of the hearing.

d. Date of latest Permanency Plan Hearing: \_\_\_\_\_  
(mm/dd/yyyy)

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- e. Summarize significant case information, developments or events since the last Permanency Plan Review / Permanency Plan Hearing or attach the most recent court report or case evaluation.

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2. Child's **current** permanence goal and, if applicable, concurrent goal of record.

## Permanence Goal:

- ☐ Reunification
- ☐ Adoption
- ☐ Guardianship
- ☐ Permanent placement with fit and willing relative
- ☐ Alternative permanent placement
  - ☐ Sustaining care
  - ☐ Long-term foster care
  - ☐ Independent living

## Concurrent Goal:

- ☐ Reunification
- ☐ Adoption
- ☐ Guardianship
- ☐ Permanent placement with fit and willing relative
- ☐ Alternative permanent placement
  - ☐ Sustaining care
  - ☐ Long-term foster care
  - ☐ Independent living

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3. Child's **proposed** permanence goal and, if applicable, concurrent goal.

## Permanence Goal:

- ☐ Reunification
- ☐ Adoption
- ☐ Guardianship
- ☐ Permanent placement with fit and willing relative
- ☐ Alternative permanent placement
  - ☐ Sustaining care
  - ☐ Long-term foster care
  - ☐ Independent living

## Concurrent Goal:

- ☐ Reunification
- ☐ Adoption
- ☐ Guardianship
- ☐ Permanent placement with fit and willing relative
- ☐ Alternative permanent placement
  - ☐ Sustaining care
  - ☐ Long-term foster care
  - ☐ Independent living

Describe rationale for the child's goal(s).

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4. Anticipated date the permanence goal will be achieved. \_\_\_\_\_  
(mm/dd/yyyy)
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5. Explain the basis of the decision to place the child in custody. Include a narrative of the circumstances and why remaining in the home would be contrary to the child's welfare, and the jurisdictional statute used as the basis.

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6. If in-home safety services were not able to work for this family, identify the reason(s):
- ☐ a. The parents were unwilling for services to be provided or are unable to cooperate with service providers.
  - ☐ b. The home environment was not calm enough for services to be provided or for the service providers to be in the home safely.
  - ☐ c. Parents / caretakers did not or do not reside in the home.
  - ☐ d. Needed services to control all of the conditions affecting safety do not exist.
  - ☐ e. Needed services / providers to control all of the conditions affecting safety are not available at the level / time required.

Fully describe each checked item.

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7. Identify and describe the actions taken and the services offered or provided by the agency to make reasonable efforts to prevent removal of the child from the home.

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8. Identify and describe the actions taken and the services offered or provided by the agency in the previous six months to make reasonable efforts to achieve the goal(s) of the Permanency Plan, including services that were recommended or considered but were not available.
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9. **Services**

Identify and describe services to be provided in the next six months to achieve the goal(s) of the Permanency Plan, including the name and address of the provider for each service, the recipient of the service, the concern(s) the service addresses and the desired outcome of the service.

10. Yes No

☐☐

a. Has the child been out of his or her home 15 of the most recent 22 months?

Date 15th month reached: \_\_\_\_\_  
(mm/dd/yyyy)

☐☐

b. Has the court made a finding that reasonable efforts to prevent removal or safely return home are not required?

Date of court finding: \_\_\_\_\_  
(mm/dd/yyyy)

c. Termination of Parental Rights

☐☐

Has a TPR petition been referred to the district attorney / corporation counsel's office?

If "Yes," date of referral: \_\_\_\_\_  
(mm/dd/yyyy)

☐☐

Has a TPR petition been filed?

If "Yes," date TPR petition was filed: \_\_\_\_\_  
(mm/dd/yyyy)

**NOTE:** If the TPR petition has been filed, proceed to 10.d.  
If "Yes" to 10.a. or 10.b. and a TPR petition has **not** been filed, skip to item 10.e.

d. Adoption Referral

If an adoption worker has been assigned, list his / her name and the date assigned.

\_\_\_\_\_  
Name - Adoption Worker

\_\_\_\_\_  
Date Assigned (mm/dd/yyyy)

☐ Child is placed in an adoptive resource.

☐ Adoptive resource needs to be identified. Describe efforts to identify an adoptive resource.

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☐ Child is with resource that will become permanent guardian. Describe.

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☐ Barriers to adoption. Describe.

**NOTE:** Proceed to question 11.

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e. Indicate the reason(s) why TPR is not being pursued at 15 of 22 months.

☐ Child is placed with a fit and willing relative. Provide supporting information.

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☐ Compelling reason(s) why termination of parental rights is not in the child's best interest. Provide compelling reason(s).

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☐ Reasonable efforts to safely return the child to his or her home have not been made. Provide supporting information.

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☐ Grounds for involuntary TPR do not exist. Provide supporting information.

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11. a. Date of last face-to-face contact by the worker with the following:  
(mm/dd/yyyy)

Child: \_\_\_\_\_

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Out-of-home care provider: \_\_\_\_\_

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- b. Relevant information (e.g., location, who was in attendance, any interactions that were notable).

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12. Indicate the child's **current** placement.

- ☐ Relative licensed foster home, no Kinship Care payment  
☐ Relative unlicensed, no Kinship Care payment  
☐ Relative licensed foster home, Kinship Care payment  
☐ Relative unlicensed, Kinship Care payment

If the child is **not** placed with a relative, describe why placement was not available, appropriate or safe. If relative could not be located, describe subsequent / current efforts made to locate a relative.

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- ☐ Foster home, non-relative  
☐ Foster home, pre-adoptive  
☐ Treatment foster home  
☐ Shelter care  
☐ Group home  
☐ Residential care center  
☐ Shelter facility, including non-secure reception center  
☐ Secure detention  
☐ Other - Describe placement.

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- ☐ Independent living placement  
☐ Hospital / inpatient facility  
☐ AWOL / runaway
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13. **Child's Placement History** (List current placement first.)**Current Placement**

Name of placement: \_\_\_\_\_

Physical address of placement:  
(Street, City, State, Zip Code) \_\_\_\_\_

Date of placement: (mm/dd/yyyy) \_\_\_\_\_

**Previous Placements**

a. Name of placement: \_\_\_\_\_

Physical address of placement:  
(Street, City, State, Zip Code) \_\_\_\_\_

Type of placement: \_\_\_\_\_

Date of placement: (mm/dd/yyyy) \_\_\_\_\_

Date removed from placement: \_\_\_\_\_

Reason for removal: \_\_\_\_\_

b. Name of placement: \_\_\_\_\_

Physical address of placement:  
(Street, City, State, Zip Code) \_\_\_\_\_

Type of placement: \_\_\_\_\_

Date of placement: (mm/dd/yyyy) \_\_\_\_\_

Date removed from placement: \_\_\_\_\_

Reason for removal: \_\_\_\_\_

c. Name of placement: \_\_\_\_\_

Physical address of placement:  
(Street, City, State, Zip Code) \_\_\_\_\_

Type of placement: \_\_\_\_\_

Date of placement: (mm/dd/yyyy) \_\_\_\_\_

Date removed from placement: \_\_\_\_\_

Reason for removal: \_\_\_\_\_

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- 14.
- ☐
- Yes
- ☐
- No Are all siblings that are in out-of-home care placed together?
- 
- ☐
- Does not apply. (Child has no siblings or other siblings are not in placement.)
- 
- If "
- No**
- ," explain.

- 
- 15.
- ☐
- Yes
- ☐
- No Is the child considered a runaway? Date child was reported missing: \_\_\_\_\_
- 
- (mm/dd/yyyy)

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- 16.
- ☐
- Yes
- ☐
- No
- ☐
- For now, not long-term. Is the current placement safe and appropriate? Explain.
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17. **Safety of Placement**

- ☐ Yes ☐ No a. Has an assessment of safety of the placement resource been done?

If "**Yes**," date completed: \_\_\_\_\_  
(mm/dd/yyyy)

If "**No**," explain why not.

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- ☐ Yes ☐ No b. Is there a safety plan for this child and care provider(s)? If "**Yes**," describe or attach.

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18. **Location of Placement** (Check appropriate box.)

- ☐ The child's placement is within 60 miles of the child's home and is in close proximity so as not to interfere with carrying out the case plan and maintaining the level of contact with the parents that is deemed appropriate.
- ☐ No setting is available within 60 miles of the child's home that could respond to all the issues and needs that are part of this placement.

Describe: 

- Why a placement within 60 miles of the child's home is either unavailable or inappropriate; **OR**
- Why a placement more than 60 miles from the child's home is in the child's best interest.

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19. What consideration was given to the proximity of the placement to the school in which the child was already enrolled when making the original placement? (Check all that apply.)

- ☐ Current worker did not place the child and the record does not document the information.
- ☐ Placement that would maintain the child in the same school was unavailable or inappropriate.
- ☐ The original placement resource was considered to be in the child's best interest even though it required a change in the child's school placement.
- ☐ Child continued to attend the same school.

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20. ☐ Yes ☐ No Did the court order indicate a transitional placement?

If "**Yes**," describe in detail including anticipated date of the placement change.

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Name - New Placement

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Address - New Placement (Street, City, State, Zip Code)

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21. ☐ Yes ☐ No Does the agency anticipate a placement change?  
If "Yes," describe in detail including anticipated date of the placement change.

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Name - New Placement

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Address - New Placement (Street, City, State, Zip Code)

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22. **Child's Health Summary**

- a. Check each item below that applies.

☐ Child has chronic physical, mental or emotional issues. Describe in detail.

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☐ Child has had a hospitalization, surgery, emergency medical need, or significant illness in the last six months. Describe in detail.

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☐ Child is not on medication.

☐ Child takes prescribed medication. Provide the following information on all prescription medication.

1) Name of medication:

Dosage / frequency:

Reason medication prescribed:

Approximate length of time for which  
medication has been prescribed:

Physician name:

Physician address:

2) Name of medication:

Dosage / frequency:

Reason medication prescribed:

Approximate length of time for which  
medication has been prescribed:

Physician name:

Physician address:

- 3) Name of medication: \_\_\_\_\_
- Dosage / frequency: \_\_\_\_\_
- Reason medication prescribed: \_\_\_\_\_
- Approximate length of time for which  
medication has been prescribed: \_\_\_\_\_
- Physician name: \_\_\_\_\_
- Physician address: \_\_\_\_\_

b. Provide the name and address of current health care providers.

- 1) Physician name: \_\_\_\_\_  
 Physician address: \_\_\_\_\_  
 Physician telephone number: \_\_\_\_\_  
 Date of last exam: (mm/dd/yyyy) \_\_\_\_\_
- 2) Dentist name: \_\_\_\_\_  
 Dentist address: \_\_\_\_\_  
 Dentist telephone number: \_\_\_\_\_  
 Date of last exam: (mm/dd/yyyy) \_\_\_\_\_
- 3) Mental health provider name: \_\_\_\_\_  
 Mental health provider address: \_\_\_\_\_  
 Mental health provider telephone no.: \_\_\_\_\_  
 Date of last exam: (mm/dd/yyyy) \_\_\_\_\_

### c. Immunization Information

- ☐ Yes    ☐ No    Child's immunizations are up-to-date. If "**Yes**," as of what date? (mm/dd/yyyy) \_\_\_\_\_  
If "**No**," describe why immunizations are not up-to-date and how and when this will be rectified. \_\_\_\_\_

d. Immunization Record (Must select one.)

- ☐ Child's immunization record is attached to this report.
- ☐ A request for the child's immunization record was made to \_\_\_\_\_  
on \_\_\_\_\_.  
(mm/dd/yyyy)
- ☐ Child's immunization record listed below.

## Immunization

**Date Administered**  
(mm/dd/yyyy)

[illegible]

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23. **Child's Educational Summary**

## a. Check all that apply.

- ☐ School district has been notified of child's placement (if age two or older).
- ☐ Child is less than age two and does not attend early education or day care.
- ☐ Child is in an early intervention program.
- ☐ Child is in pre-school.
- ☐ Child is in kindergarten.
- ☐ Child is in regular education.
- ☐ Child is in special education.
- ☐ Child has an individualized education plan.
- ☐ Child is in day treatment.
- ☐ Child is of school age but is not attending school. Provide explanation.

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☐ Child was attending school but is currently listed as a runaway from the out-of-home care placement.

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b. Provide name and address of current school or special education providers.

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c. Describe current academic performance. Include grade level, special achievements and current educational difficulty(ies).  
Indicate the date and source of your information.

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Current or most recent grade level: \_\_\_\_\_☐ Yes ☐ No Is this grade level where the child should be? If "**No**," provide explanation.

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d. ☐ Yes ☐ No Is the most recent grade report attached?If "**No**," a request for school records was made to \_\_\_\_\_on \_\_\_\_\_.  
(mm/dd/yyyy)

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**24. Visitation / Family Interaction**

Describe or attach all current or proposed visitation / family interaction plans.

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**25. Independent Living (IL) Services** (Check one.)

- ☐ Child is not 15 years of age.
- ☐ Child is 15 years of age and has been referred for IL. Date referred: (mm/dd/yyyy) \_\_\_\_\_
- ☐ Child is 15 years of age and is currently receiving Independent Living Services / Training. See attached IL Plan.

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**26. The following court-ordered conditions must be met for the child to be returned home. (Check one.)**

- ☐ Conditions from the most current court order are attached to this report.
- ☐ Conditions from the most current court order are listed below.

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**27. SIGNATURES**

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Name - Worker

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Date Completed (mm/dd/yyyy)

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**SIGNATURE** - Worker

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Date Signed (mm/dd/yyyy)

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Name - Supervisor

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Date Completed (mm/dd/yyyy)

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**SIGNATURE** - Supervisor

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Date Signed (mm/dd/yyyy)